

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

TONY L. MUTSCHLER,

Plaintiff

v.

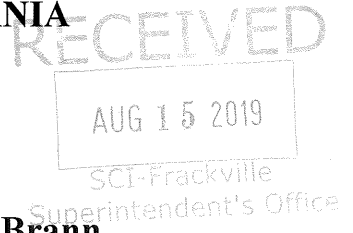
C.O. CORBY,

Defendant

No. 3:16-CV-0327

Judge Matthew W. Brann

Electronically Filed



UNSWORN DECLARATION OF KAREN HOLLY

I, Karen Holly, Corrections Health Care Administrator at SCI-Frackville, hereby declare under penalty of perjury in accordance with 28 U.S.C. § 1746 that the following facts are true and correct based upon my personal knowledge.

1. I am currently employed by the Department of Corrections as a Corrections Health Care Administrator at SCI-Frackville, where I have been employed since September of 1999.

2. I am a custodian of the medical records at SCI-Frackville.

3. As such, I am able to certify the medical records at SCI-Frackville.

4. The medical records were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by a person with knowledge of those matters.


5. The medical records were kept in the regular course of business at SCI-Frackville.

6. The medical records were made as a regular practice.

7. I have reviewed the attached record of medical care administered to inmate Tony Mutschler, FK9033 on July 28, 2014. I can certify from my personal inspection of his file that this record is a true and correct copy of the record from the file we maintain regarding Mr. Mutschler.

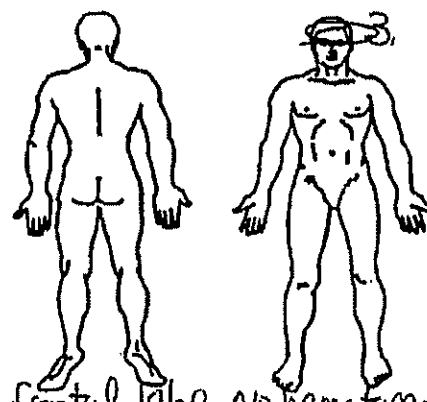
DATE:

8/14/19



Karen Holly

Medical Record Specialist *C#CA*
SCI-Frackville

| MEDICAL INCIDENT/INJURY REPORT | | | | | |
|--|--|---|--|--|--|
| PERSON INVOLVED (Last Name) <u>Mutschler</u> (First Name) <u>Tony</u> (Middle Initial) _____ | | | | Reported to Dispensary Date: <u>07/28/14</u> AM <u>PM</u> Time: <u>1:57</u> | |
| Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/> Age: <u>45</u> | | | | | |
| Date of Incident <u>07-28-14</u> | | Time of Incident <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <u>1:57</u> | | Exact Location of Incident <u>RHU Shower</u> | |
| INMATE <input checked="" type="checkbox"/> | | Facility No. <u>FK 9033</u> Housing Unit <u>RHU</u> | | Work Related Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| SUPERVISOR: _____ | | | | | |
| EMPLOYEE <input type="checkbox"/> | | Department _____ | | Job Title _____ | |
| VISITOR <input type="checkbox"/> | | Home Address _____ | | Home Phone _____ | |
| OTHER <input type="checkbox"/> | | Occupation _____ | | Reason for Presence at this Facility _____ | |
| Property Involved: <input type="checkbox"/> Equipment Involved: <input type="checkbox"/> Describe: _____ | | | | Was person authorized to be at location of incident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe exactly What Happened. Why it happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged, Describe Damage. 1. Description of Illness/Injury | | | | | |
| Called to RHU that Inmate fell in Shower. | | | | | |
| (Continue On Reverse) | | | | | |
| Was Physician Notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Was Family Notified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| Was Person Involved Seen by a Physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date <u>7/28/14</u> Time <u>1:57</u> A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> | | Where _____ Physician's Name _____ | |
| Was Person Involved Taken To A Hospital? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Date <u>7/28/14</u> Time <u>1:57</u> A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> | | Where _____ By Whom _____ | |
| 2. Initial Impression Illness/Injury | | Indicate on Diagram Location of Injury | | | |
| <u>Upon arriving to RHU inmate laying in shower. Assisted up by Co. Inmate. Ambulating without difficulty noted to medical triage room in RHU. Inmate. Axx03. Vitals stable. Pupils PERRL. Lungs clear. Speech clear. Inmate states, "I fell in the shower because of these assholes! I hit my head!!" Approx. 2.5cm x 2cm Abrasion noted to Left frontal lobe. No hematoma.</u> | | TYPE OF INJURY 1. Laceration <input type="checkbox"/> 2. Hematoma <input type="checkbox"/> 3. Abrasion <input checked="" type="checkbox"/> 4. Burn <input type="checkbox"/> 5. Non Apparent <input type="checkbox"/> 6. Other <input checked="" type="checkbox"/> Specify <u>Fall</u> | |  | |
| 3. Treatment Rendered: <u>Vitals taken, Assessed, Educated on Signs + symptoms of concussion. Verbalized all understanding. Ice given for above symptom.</u> | | | | | |
| Follow-Up <u>Sick call in AM</u> | | | | | |
| Date of Report <u>07/28/14</u> | | Signature & Title of Person Preparing Report <u>Joshua Lech, RN</u> | | Reviewing Authority _____ | |

DISPOSITION AFTER TREATMENT

1. Return to Block _____
2. Place in RHU _____
3. Admit to Infirmary _____
4. Admit to Community Hospital _____
5. Return to work _____
6. Refer to Physician Line _____
7. Refer to Family Physician _____ (Employee)
8. Refer to Community Hospital _____

DISTRIBUTION:

Original: Medical File

Copies: Facility Manager _____

Deputy for Facilities Management _____

Deputy for Centralized Services _____

Major(s) _____

Security Officer _____

Other _____

CONTINUED FROM REVERSE: (Items 1 through 3) (Indicate item).

2. No other injury noted to head. Inmate denied injury to other parts of body. Inmate states I have a headache. Nerve Assessment within normal limits. Inmate able to ambulate without difficulty noted. Inmate states, "I have nerve damage and I twitch and shake a lot." *Josh* Joshua Lech, RN

Inmate Name:

Inmate Number:

| Date/ Time | Discipline Abbreviation | Remarks Subjective, Objective, Assessment, Plan |
|------------------|----------------------------|---|
| 7/28/14 13:30 | NSG | S: c/o feeling like im made water. Some ear pain, A: fever, chills. and heavy O: N/A Tm @ Serum effusion. due to sign of infection A: Serum oblique media P: Afrin nasal spray crn. fil pen Attn: 1 Hazenwood, mo 7/28/14 1850 NSG Called to Ritu that inmate fell in shower. Upon arriving in Ritu, inmate laying in shower. Resp easy non labored. Axo x3. Inmate assisted to feet by Co's after determining inmate was stable. Inmate ambulated to Ritu triage Medical Room & vitals noted. Vitals taken. BP 130/76, Pulse 82, Resp 16 even non labored, Pulse ox 98% RA. Pupils PERRLA. Speech clear & lungs clear. Small abrasion noted to Left Frontal lobe, No hematuria noted. Inmate denies injuries to other parts of body. No other injuries noted upon assessment. States, "I have headache." Neuro assessment completed and WNL. Inmate states, "I have nerve damage and I twitch and shake a lot." Also adds, "I fell in the shower because of these assholes and I hit my head." Educated on signs of concussion. Vitals noted all under control. Added to Sick Call in AM for reassessment |
| | | Joshua Lech, RN |

DEF000067

Abrasion(s) & Superficial Laceration(s)**Nursing Evaluation Tool**

Date of Report

07/29/14
MM DD YYYY

Military Time Seen:

1851

Subjective: Chief Complaint: ☒ Abrasion ☐ Laceration ☐ Scratch ☐ Other:

Onset: I fell in the shower because of these assholes and I hit my head, it

Location of Injury: Left frontal lobe Other Injuries: ☒ Denies other injury ☐ List other injuriesHistory: psych
(Continue on back if necessary)☐ Check Here if additional notes on backInjury sustained in altercation with custody staff, or other inmate: ☒ NO ☐ YES (Requires notification of correctional staff)*Tetanus Toxoid Within 10 years: ☒ YES ☐ NO 8-19-10**Objective:** Vital Signs: (If Indicated) T: P: 82 RR: 16 B/P: 130 / 76Wound Description: ☒ Uncomplicated- Clean without foreign body or signs of infection.
☐ Uncomplicated- Superficial debris, dirt, or crusting requiring wound cleansing.
☒ Other: ReddenedApproximate Size of Wound: 2.5cm x 2 Approximate Depth of Wound: ☒ Superficial ☐ Other:**Additional Findings**Active bleeding: ☒ NO ☐ YES (If Yes, Describe):Imbedded foreign body: ☒ NO ☐ YES (If Yes, Describe):Redness/Swelling/Streaking: ☐ NO ☒ YES (If Yes, Describe): Slight to left frontal lobe☒ Additional Examination: A to x3, 212 abrasion-
(Continue on back if necessary)☐ Check Here if continued on back**Assessment: (Referral Status)**

Preliminary Determination(s):

☐ Referral Not Required.☒ Referral Required due to the following: (Check all that apply)

- ☐ Wound/injury more than superficial ☐ Signs/Symptoms of infection
- ☐ Wound near or involving eye/mouth/perineum ☐ Requires foreign material removal ☐ Recurrent Complaint (More than 2 visits)
- ☐ Exchanges of body fluids (Describe):
- ☒ Other (Describe): Fall

Comment: You should contact a physician, physician extender and/or a nursing supervisor if you have any concerns about the status of the patient.

Plan: For superficial scratches, abrasions and cuts cleanse with soap and water and gently wash away any dirt or superficial debris.

Check All That Apply: ☐ Dirt/Superficial debris removed ☐ Wound cleansed ☐ Topical ointment ☐ Dressing and Bandage

☐ Band-Aid ☐ Steri-strips ☒ Education on wound care. ☒ Instructions to return if condition worsens.

☒ Instructions to return if condition worsens or does not improve

☒ Education: The patient demonstrates an understanding of the nature of their medical condition.

☐ Obtain order for Tetanus Toxoid >10years ☐ Other:

(Describe)

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Sick call in AM

Date for referral: 07/29/14

Referral Type: ☐ Routine ☐ Urgent ☒ Emergent (if emergent who was contacted?):

Time

x

Nurses Signature

Name:

Joshua Lech, RN

Printed

Nursing Evaluation Tool: Abrasion(s) & Superficial Laceration(s)

Commonwealth of Pennsylvania

Department of Corrections

DC-586C

Revised 11/2007

Inmate Name: Mutschler, Tony

Inmate Number: FK 9033

DOB:

Facility:

SCF FRA

DEF000068